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CONFIRMATION NO. 6690

SERIAL NUMBER 10/731,869	FILING DATE 12/09/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 1023-318US01
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/431,854 12/09/2002
 and claims benefit of 60/471,262 05/16/2003
 and claims benefit of 60/503,945 09/20/2003
 and claims benefit of 60/503,946 09/20/2003
 and claims benefit of 60/507,857 10/01/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 13	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <u>[Signature]</u> Initials _____				

ADDRESS

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TITLE

Modular implantable medical device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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